SUPPLEMENTAL SECURITY INCOME REFERRAL

The Supplemental Security Administration's (SSA) "listings" are physical and mental problems that are severe enough to disable a child. If a child does not have a listed impairment, SSA will determine if a child's condition would equate a “listed impairment” or would cause marked and severe functional limitations. This means that a child does not have to have one of the listed impairments in order to be eligible for SSI. The listings are intended to be used as a tool in determining if a child has a listed impairment or a comparable impairment that causes the child to have marked and severe functional limitations in everyday activities.

Eligibility specialists have been provided with a copy of the detailed listing of impairments, which contains the medical criteria used by SSA to evaluate each of the listed impairments.

1. LISTED CHILDHOOD IMPAIRMENTS

A. GROWTH IMPAIRMENT

B. MUSCULOSKELETAL

- Juvenile Rheumatoid Arthritis
- Musculoskeletal Function Deficit
- Disorders of the Spine
- Chronic Osteomyelitis

C. SPECIAL SENSE ORGANS

- Blindness/Impairments of Central Visual Acuity
- Hearing Impairment

D. RESPIRATORY

- Bronchial Asthma
- Cystic Fibrosis

E. CARDIOVASCULAR

- Chronic Congestive Failure
- Hypertensive Cardiovascular Disease

- Cyanotic Congenital Heart Disease
- Cardiac Arrhythmia
- Chronic Rheumatic Fever/ Rheumatic Heart Disease
- Congenital heart disease
- Valvular heart disease
- Cardiomyopathies
- Cardiac transplantation
- Hyperlipidemia
- Kawasaki syndrome

F. DIGESTIVE

- Esophageal Obstruction
- Chronic Liver Disease
- Chronic Inflammatory Bowel Disease
- Malnutrition

G. GENITO-URINARY

- Chronic Renal Disease
- Nephritic Syndrome

H. HEMIC AND LYMPHATIC

- Hemolytic Anemia
- Chronic Idiopathic Thrombocytopenic Purpura
- Sickle Cell Disease
- Inherited Coagulation Disorders

- Acute Leukemia

I. ENDOCRINE

- Hyperthyroidism
- Hypothyroidism
- Hyperparathyroidism
- Hypoparathyroidism
- Diabetes Insipidus
- Hyperfunction of the Adrenal Cortex
- Adrenal Cortical Insufficiency
- Juvenile Diabetes Mellitus
- Latrogenic Hypercorticoid State
- Pituitary Dwarfism
- Adrenogenital Syndrome
- Hypoglycemia
- Gonadal Dysgenesis

J. MULTIPLE BODY SYSTEMS

- Down Syndrome
- Multiple Body Dysfunction
- Catastrophic Congenital Abnormalities
- Immune Deficiency Disorder

K. NEUROLOGICAL

- Motor Seizure Disorders
- Brain Tumors

- Motor Dysfunction due to Neurological Disorder
- Cerebral Palsy
- Meningomyocele
- Communication Impairment Associated with Neurological Disorder

L. MENTAL DISORDERS

- Mood Disorders: Characterized by a disturbance of mood (referring to a prolonged emotion that colors the whole psychic life, generally involving either depression or elation), accompanied by a full or partial manic or depressive syndrome.
- Mental Retardation: Characterized by significantly sub-average general intellectual functioning with deficits in adaptive functioning.
- Anxiety Disorders: In these disorders, anxiety is either the predominant disturbance or is experienced if the individual attempts to master symptoms, i.e., confronting the dreaded object or situation in a phobic disorder, attempting to go to school in a separation anxiety disorder, resisting the obsessions or compulsions in an obsessive compulsive disorder, or confronting strangers or peers in avoidant disorders.
- Somatoform, Eating, and Tic Disorders: Manifested by physical symptoms for which there are no demonstrable organic findings or known physiologic mechanisms; or eating or tic disorders with physical manifestations.
- Personality Disorders: Manifested by pervasive, inflexible, and maladaptive personality traits, which are typical of the child's long-term functioning and not limited to discrete episodes of illness.
- Psychoactive Substances Dependence Disorders: Manifested by a cluster of cognitive, behavioral, and physiologic symptoms that indicate impaired control of psychoactive substance use with continued use of the substance despite adverse consequences.
- Autistic Disorder and other Pervasive Developmental Disorders: Characterized by qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a

markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

- Attention Deficit Hyperactivity Disorder: Manifested by developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity.

- Developmental and Emotional Disorders of Newborn and Younger Infants: Developmental or emotional disorders of infancy are evidenced by a deficit or lag in the areas of motor, cognitive/communicative, or social functioning. These disorders may be related either to organic or to functional factors or to a combination of these factors.

- Organic mental disorders: Characterized by abnormalities in perception, cognition, affect, or behavior associated with dysfunction of the brain.

- Schizophrenic, delusional (paranoid), schizoaffective, and other psychotic disorders: Characterized by a marked disturbance of thinking, feeling, and behavior, with deterioration from a previous level of functioning or failure to achieve the expected level of social functioning.

M. NEOPLASTIC

- Lymphoreticular Malignant Neoplasms

- Malignant Solid Tumors

- Neurobla

N. IMMUNE

- Systemic Lupus Erythematosus

- Systemic Vasculitis

- Systemic sclerosis and scleroderma

- Polymyositis or dermatomyositis

- Undifferentiated connective tissue disorder

- Congenital immune deficiency disease

- Human immunodeficiency disease (HIV)

2. GENERAL MEDICAL INFORMATION

SSA maintains that a child is a person who has not attained age 18.

For purposes of SSI eligibility:

A child is considered disabled if he or she has any MEDICALLY DETERMINABLE PHYSICAL or MENTAL impairment(s) which is expected to last 12 continuous months or result in death and causes marked and severe functional limitations.

3. DEVELOPMENTAL ASSESSMENT GUIDES

Staff must provide information that will support a claim of an impairment that causes a child to function with marked and severe limitations. Information provided to SSA should include a child's school records, medical records and/or medical sources, psychological reports and observations of the Children's Services Worker (CSW), foster parents, teachers, or other persons who have first hand knowledge of a child's ability to function in daily activities. In most cases the foster parent or other alternative care provider would best know how a child functions in his/her daily activities.

The severity of the impairment is measured according to the functional limitations imposed by the impairment. The functional areas considered are: motor function, cognitive/communicative function, social function, personal function, and concentration, persistence or pace. The range of these functions vary at different stages of the child's maturation.

4. GENERAL ELIGIBILITY REQUIREMENTS

A. NON-MEDICAL ELIGIBILITY REQUIREMENTS:

Although a child may meet the definition of disability, the income and resources they have determine if they meet the non-medical limitations.

1. RESOURCES

A child may be able to qualify for SSI if his/her resources do not exceed $2000.00. Resources are things that the child has ownership rights or access to, such as the following:

- Bank Accounts
- Cash
- Property
- Stocks and Bonds

2. INCOME

The amount of income the child can have each month and still qualify for SSI benefits is revised January 1 of each year. SSA does not count all types of income in determining eligibility for SSI. For example, SSA does not count:

- Food Stamps
- Food, shelter, or clothing received from private, non-profit organizations
- The first $20.00 of most income received in a month
- Assistance based on need funded by State or local governments.

THIS LIST IS NOT ALL INCLUSIVE, BUT CAN SERVE AS A BASIS FOR SCREENING FOR POTENTIAL ELIGIBILITY.

5. SCREENING GUIDE

Use this screening guide after consideration of the SSI income and resource requirements.

A. PREMATURE INFANTS (up to 1 year old)

Premature Infants (less than 37 weeks gestation) who weigh less than 1200 grams (about 2 pounds 10 ounces) at birth will be considered disabled until the attainment of the chronological age of 12 months.

Until the chronological age of 12 months, a premature infant who weighs at least 1200 grams but less than 2000 grams (about 4 pounds 6 ounces) at birth AND is at least 4 weeks small, for gestational age, will be considered disabled.

NOTE: Most of the children who were born drug affected will be premature or have low birth weight and should be placed in Priority #1.

B. ALL CHILDREN

Step One

Does the child have a medically determinable MENTAL OR PHYSICAL impairment?

If "No", stop.

NOTE: This child's eligibility is doubtful and should be placed in Priority #3.

If "Yes", go to Step 2.

Step Two

Does the child's impairment or combination of impairments cause marked and severe functional limitations?

If "No", stop.

NOTE: This child's eligibility is doubtful and should be placed in Priority #3.

If "Yes", the child should be given the appropriate priority and referred to the ES, via Form CS-IV-E/FFP-1 or, when applicable, Title IV-E/FFP Referral, Form CS-IV-/FFP-2, Title IV-E, FFP Redetermination.

NOTE: Refer questionable situations to the ES, via the CS-IV-E/FFP-1 or, when applicable, the CS-IV-E/FFP-2, for a formal SSA disability determination.

6. REFERRAL PRIORITY GUIDELINES

The following guidelines will assist staff in prioritizing SSI referrals.

Priority 1

1. All HDN or Title XIX FFP children who are in residential care or group care.

2. All children in foster care, Behavioral Foster Care (BFC), Medical Foster Care (MFC), Career Foster Homes or other placements, and who have a history of psychological, educational problems, or medical or physical/mental handicaps, where we have documentation that the child is not functioning at an age-appropriate level.

3. Newborns who were born drug affected, premature or had a low birth weight.

Priority 2

1. Children who may have a history of psychological, educational or physical problems. The CSW will need to collect comprehensive documentation.

2. Children recently placed in our custody who appear to have a disabling condition that has not been documented. The CSW will need to collect documentation.

Priority 3

1. Children with little or no known psychological, educational or physical deficiencies.

7. EVIDENCE NEEDED WHEN FILING

The following is a list of information and evidence needed to make a disability determination. If this information is available at the time of referral to the ES, (via the CS-IV-E/FFP-1 or, when applicable, the CS-IV-E/FFP-2 for Title XVI (SSI) Disabled Children's benefits) it will significantly help the Disability Determination Section (DSS) in making a timely decision.

GENERAL INFORMATION NEEDED

- Name, address, and telephone number for each treatment physician (including psychologists) and dates of treatment.
- Name and address of each hospital, clinic, other medical institution, or health care facility where the child has been treated for the impairment(s). Please include any patient or clinic numbers.
- Name and address of the school the child is currently attending and the name of the teacher or teachers. If the child has changed schools, please furnish this same information for the last school attended.

NOTE: When the child has been in Children's Division (CD) custody less than 12 months, it may be necessary for SSA to contact the birth parent(s) to gather historical information.

INFORMATION WHICH MAY BE IN THE CASE FILE

- Copies and summaries of medical records from hospital, clinics, other medical institutions, and health care facilities.
- Reports from Children's Service Workers about the child's impairment(s) or level of functioning.
- Statements from the child, guardian, caregiver, or others about the child's impairment(s) and the effect on the child's functioning.

NOTE: The foster parents' observations could assist SSA in developing a pattern of low functioning.

- Statements from other practitioners (i.e. nurse practitioners, physicians' assistants, chiropractors) and from therapists (including physical, occupational or speech and language therapists).

- Information from educational agencies and personnel (i.e., school teachers, school psychologists, school counselors, preschools, early intervention teams, developmental centers, and day care centers.

NOTE: Any information relating to educational or behavior problems in the school setting are important.

Any other information from the file which furnishes information about the child's impairment(s) and the effects on the child's ability to function without limitations.

MEMORANDA HISTORY: